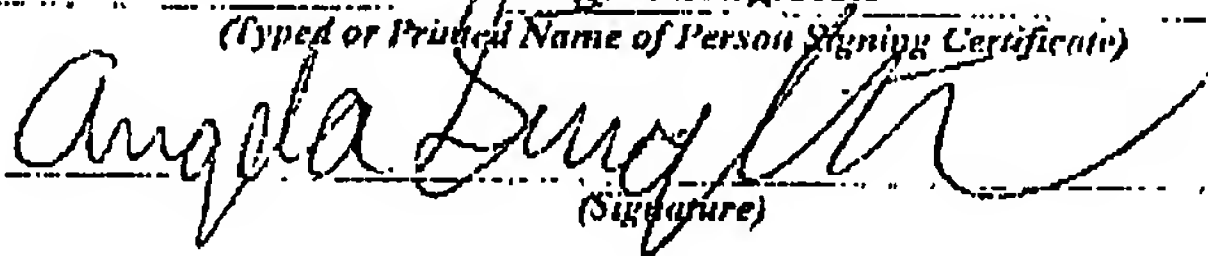
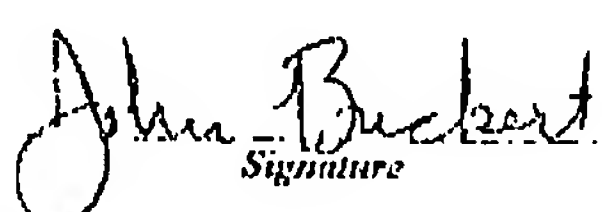
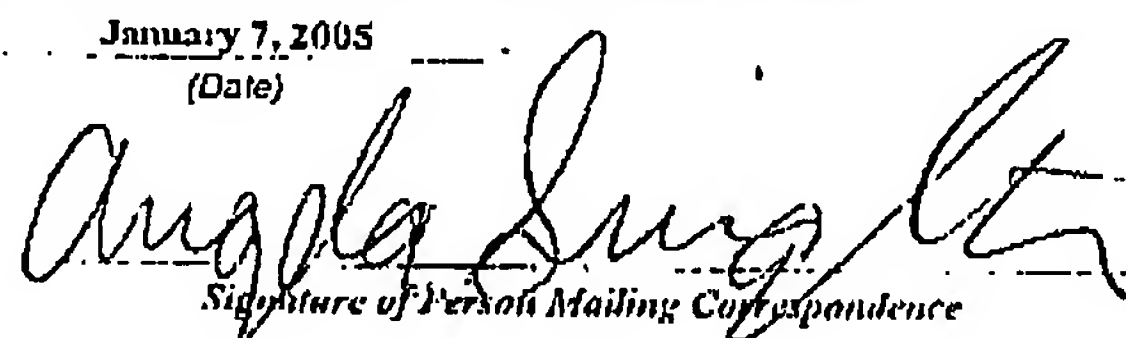


JAN 07 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No.	
Applicant(s): Shen et al.		14509	
Application No. 10/710,289	Filing Date June 30, 2004	Examiner Ramon M. Barrera	Group Art Unit 2832
Invention: System And Method For Magnetizing Blocks On A Magnet Assembly Of An MRI Device			
<p>I hereby certify that this <u>Amendment Transmittal Letter (Large Entity) and Amendment (6 pages)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>January 7, 2005</u> (Date)</p> <p><u>Angela Singleton</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Shen et al				148509	
Application No. 10/710,289	Filing Date June 30, 2004	Examiner Ramon M. Barrera	Customer No. 23413	Group Art Unit 2832	Confirmation No. 4288
Invention. System And Method For Magnetizing Blocks On A Magnet Assembly Of An MRI Device					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	20	0	x \$50.00	\$0.00
INDEP. CLAIMS	2	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 John E. Buckert Reg. No. 44,572 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone: 248-524-2300 Fax: 248-524-2700			Dated: January 7, 2005		
cc:			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">January 7, 2005 (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">Angela Singleton Typed or Printed Name of Person Mailing Correspondence</p></div>		

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JAN 07 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Shen et al.

SERIAL No.: 10/710,289

FILED: June 30, 2004

FOR: SYSTEM AND METHOD FOR
MAGNETIZING BLOCKS ON A
MAGNET ASSEMBLY OF AN MRI
DEVICE)
)
) ART UNIT:
) 2832
)
) EXAMINER:
) Barrera, Ramon A.
)
)
)
)REPLY TO OFFICE ACTIONMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated November 4, 2004, applicant
responds as follows:

I hereby certify that the attached correspondence is being transmitted by facsimile to the Commissioner for Patents, Alexandria, Virginia 22202-3514, on January 7, 2005 via transmission to facsimile number (703) 872-9306.	
January 7, 2005	_____
(Date of Deposit)	_____
Angela Singleton	_____
(Name of Person Mailing Paper)	_____
Signature	